



STATE OF WASHINGTON
WASHINGTON STATE BOARD OF HEALTH
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December 1, 2000

TO: Washington State Board of Health Members

FROM: Don Sloma, Executive Director

RE: FOCUSING PRIORITIES FOR 2001-2002

Background and Summary:

As you know, the Board will be completing its current priority health projects by June 2001. At the Board's September 2000 work session, and in subsequent discussions, Board members and staff have made several suggestions for continuing, modifying, or expanding the Board's work on priority health projects. A complete list, together with a suggested set of criteria for rating the projects, was supplied to Board members at our November meeting (attached). Based on subsequent discussions and guidance from our Chair, I have prepared the following "short list" of potential priority projects for the 2001-2003 biennium and a suggested process by which the Board can further refine it based on public opinion data, public input, and advice from key potential partners. The "short list" is not a set of decisions so much as an effort to frame and focus some of the many projects that seemed to have the most currency, Board member interest, and possibility.

I hope the Board will discuss the "short list", the other projects listed in the attached matrix, and the focusing process suggested in this memo at our December 6, 2000 meeting. I hope you will modify the suggested "short list" of issues and the proposed focusing process as you will and approve it in some form so we can begin the staff work outlined here as soon as possible.

Recommended Board Motion:

The Board approves the Suggested Process for Determining Priority Health Issues contained in the Executive Directors memo to the Board dated December 1, 2000 (with any modifications the Board may direct be made at the December 6, 2000 Board meeting).

Suggested Process for Determining Priority Health Issues

1. Survey of Surveys

Specific information from existing surveys will be used to test, refine, and, perhaps, suggest changes to the potential priority issues identified so far by the Board. Board staff will survey existing public opinion survey data to identify recent findings on public attitudes about priority health issues that government should be addressing. Board staff will also review existing survey data on behavioral risk factors of children, youth, and adults (i.e. Behavioral Risk Factor Surveys, Youth Behavioral Risk Factor Surveys). In addition, other surveys will be examined that provide information on the health status of Washington's population, including, but not limited to, "The Health of Washington State" produced by the Department of Health.

2. Public Health Improvement Plan (PHIP) Partnership

Board staff will work with the appropriate Department of Health and PHIP staff to identify any information relative to the PHIP's proposed Key Health Indicators that might suggest a potential Board priority project for the year 2001, and suggest these additions as may be indicated.

3. Cyber-Forum

The attached matrix and the "short list" of potential Board priority projects, together with any modifications that might be indicated by the key health indicators or review of survey research, will be posted on the Board's website in a prominent place. Public input, ratings and comments will be solicited.

4. Key Partner Interviews

The same matrix and "short list" will be the subject of a series of interviews the Board's staff will have with a group of "potential audiences", "interested parties" and "potential partners". The purpose of the talks will be to obtain these experts' opinions on how each potential project rates using the criteria contained in the matrix and the respondent's own priorities.

The list of interviewees will include key people representing:

- ~~///~~ Governor's Health Policy Office
- ~~///~~ House of Representatives Health Committee
- ~~///~~ Senate Health and Long Term Care Committee
- ~~///~~ House Appropriations Committee
- ~~///~~ Senate Committee on Ways and Means

~~///~~ House Ecology Committee
~~///~~ Senate Ecology Committee
~~///~~ State Department of Health
~~///~~ State DSHS
~~///~~ State Ecology Department
~~///~~ State Health Care Authority
~~///~~ State Office of Insurance Commissioner
~~///~~ State Superintendent of Public Instruction
~~///~~ State Association of Local Public Health Officials
~~///~~ Washington State Medical Association
~~///~~ Washington State Hospital Association
~~///~~ Washington State Nurses Association
~~///~~ Association of Washington Health Plans
~~///~~ University of Washington School of Public Health and Community Medicine
~~///~~ Family Policy Council
~~///~~ American Indian Health Commission
~~///~~ Washington State Commission on Hispanic Affairs
~~///~~ Washington State Commission on Asian Pacific American Affairs
~~///~~ Washington State Commission on African American Affairs
~~///~~ Washington State Association of Community and Migrant Health Centers
~~///~~ Association of Washington Businesses
~~///~~ Washington State Association of Counties
~~///~~ Association of Washington Cities
~~///~~ University of Washington School of Medicine
~~///~~ University of Washington School of Nursing
~~///~~ Intercollegiate Center for Nursing Education

5. Full Board Review and Approval

The results of the Cyber-Forum and Key Partner Interviews will be summarized by Board staff and presented to the Board at a full Board meeting where public testimony will be taken. At that meeting or at a subsequent meeting, the Board will select its priorities.

The process will be completed by the middle of May.

“Short List” of Potential Priority Health Issues

1. Continue the Dialogue on Critical Health Services to Which Access Should Be Improved ***Lead Board Sponsor:***

After approving a suggested list of critical health services that might be used by local health jurisdictions to identify gaps in local health delivery systems, the Board elected not to pursue efforts at statewide measurement at this time. Instead the Board determined to explore interest at both the state and local level in other alternatives. This project would pursue that by:

- ~~✍~~ Disseminating the recommended menu of critical health services to determine if consensus exists among health providers, community members, public health and other agencies that any listed services should be targets for access improvements.
- ~~✍~~ At the local level, suggest use of the critical services menu to identify targets for measurement and potential mobilization toward improvement.
- ~~✍~~ At the state level, determine the desire for and the feasibility of collecting information that describes the availability of critical services.
- ~~✍~~ Explore the extent to which existing public and private information systems and monitoring practices might be used or modified to help pinpoint exactly what services are needed, and where.

2. Convene a Public/Private Partnership to Assure Continued Universal Distribution of Childhood Vaccine ***Lead Board Sponsor:***

In July 2000, the Board voted to convene in collaboration with DOH a public/private work group to develop a long range financing plan to maintain our state's policy of universal distribution of children's vaccines as recommended by the Centers for Disease Control's Advisory Committee on Immunization Policy. This project would convene that group with a goal of developing the financing plan by December 2002.

3. Continue Defining Clinical Preventive Services to Promote Children's Health and Well Being ***Lead Board Sponsor:***

The Children's Health and Well Being Subcommittee would:

- ~~✍~~ Explore models for delivering clinical preventive services to children from ages birth – 10.
- ~~✍~~ Assess receipt of the Board's recommended list of clinical preventive services.
- ~~✍~~ Promote the Board's recommended list of clinical preventive services through various communications channels, including state agency publications and non-profit and community based organizations.
- ~~✍~~ Expand the focus of necessary clinical preventive services to include prenatal and perinatal time periods, considering especially the Board's regulatory authority in some of these areas.
- ~~✍~~ Review rules regarding visual and auditory screening, scoliosis screening, and other rules pertaining to clinical preventive services for children.

4. Produce the 2002 State Health Report Jointly with the Public Health Improvement Partnership. *Lead Board Sponsor:*

Under state law (43.20.050 RCW) "Every two years, in coordination with the state budget process, the state board shall prepare the state public health report that outlines the health priorities for the ensuing biennium." The next report is due in January 2002. It has been suggested that the Board develop this report in collaboration with the Public Health Improvement Partnership, and that it use the PHIP developed Key Health Indicators Report Card as a basis for considering priorities. Using this basis, the report would consider both public health and medical system issues. Under the terms of state law, the priorities identified in the state health report would be forwarded to the Governor for his modification, rejection or approval. If approved, they are to be included with the Governor's budget instructions to state agencies as they begin preparing the next biennial budget in the spring of 2002, for the 2003-2005 biennium.

5. Develop Guidelines for Promoting Environmentally Healthy and Sustainable Communities *Lead Board Sponsor:*

Communities around the country are discovering ways of achieving economic prosperity, environmental quality and social justice. Building on the Board's environmental justice work, this project would look more broadly at all communities facing the challenge of sustainable living. The Board would:

- ~~✍~~ Identify opportunities to support other state and local agency efforts to build sustainable communities
- ~~✍~~ Raise awareness within the public health community about sustainability issues
- ~~✍~~ Work with local public health jurisdictions to promote better community partnerships through National Association of City and County Health Officials' (NACCHO) Protocol for Assessing Community Excellence in Environmental Health (PACE-EH) project
- ~~✍~~ Evaluate best practices around the country that speak to the role of public health in economic and environmental sustainability efforts
- ~~✍~~ Develop guidelines for promoting environmentally healthy and sustainable communities

6. Continue Work on Eliminating Health Disparities by Instigating Development of a Health System Work Force Data Base to Include Diversity Information *Lead Board Sponsor:*

As the Board pursued its current priority of reducing health disparities by promoting health care workforce diversity, it learned of the unavailability of recent data on our health care workforce. This made it quite difficult to evaluate minority recruitment and retention programs. Washington

State is facing a critical shortage of health care providers of all racial and ethnic backgrounds in the coming years. The data gap leaves us unable to evaluate any programs that address workforce issues, including the diversity of our workforce. The Board would lead several state agencies, provider groups and others in efforts to create a healthcare workforce database to include race/ethnicity.

In addition, the Board would work with existing recruitment and retention programs to establish criteria for measuring the success.

7. **Expand and Improve the Scientific Accuracy of the Public Dialogue around Genetics Issues, Particularly as They Affect Racial and Ethnic Minorities**

Lead Board Sponsor:

Through its collaboration on the recent joint conference on genetics issues, the Board has learned of the gap between scientific knowledge, the actual development of new genetic based tests, treatments and technologies, and public perception about the genetics revolution. The Board would collaborate with the Foundation for Health Care Quality, the Department of Health and others to foster and improve the public dialogue through the state's print and electronic media by fostering clearer, more accurate public perceptions, particularly among racial, ethnic or other special populations most directly affected by certain genetics discoveries.

8. **Breaking Issues as Priorities** ***Lead Board Sponsor:***

On a month-to-month basis, the Board and its staff would monitor developments in science, medicine and public perception to identify a few issues that the Board feels would benefit from rapid, in-depth, public exploration. The Board would use some of its public meeting time to explore each issue, inviting affected citizens as well as experts from business, government and academia to shed light on the subject. The Board might direct staff to prepare policy issue briefs for broad distribution following each such discussion.